

# Beaumond House Community Hospice

**32 London Road, Newark, Notts, NG24 1TW**

**Tel 01636 610556**

**volunteer@beaumondhouse.co.uk**

**Beaumond House Retail Volunteer Application Form**

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| **First Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Telephone Numbers:****Home:****Mobile:** |  |
| **Address:****Postcode:** |  |
| **Email address:** |  |
| **Emergency Contact details:****Name****Telephone number****Relationship to you:** |  |
| **Please tell us why you would like to volunteer at a Beaumond House charity shop:** |  |
| **Please tell us any relevant skills, interests, experience, or knowledge you may have.** |  |
| **Your availability:****(please circle)** | **M T W T F S S am/pm** |
| **Referees***Please provide us with the names and contact details of two people who can provide a reference for you. Examples can include previous managers, colleagues, support workers, landlords, teachers, or another volunteer but should not include family.*  |
| **Referee 1****Name:****Email:****Telephone Number:****Relationship to You:** | **Referee 2****Name:****Email:****Telephone Number:****Relationship to You:** |
| Please detail any needs you may have that you would like us to consider if you are successful. (*Examples may include mobility, childcare, study related commitments, time you are in the country etc.)* |
|  |
| **Do you have any health conditions or disabilities we should be aware of?** |
|  |
| **Have you ever been convicted of a criminal offence, been bound over, cautioned, or issued with a final warning or reprimand in the UK or any other country which are not ‘spent’?** |
|  |
| **Are you currently the subject of any police investigations which might lead to a conviction, an order binding you over or a caution in the UK or any other country?** |

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| **Declaration** |
| I declare that to the best of my knowledge the information I have provided is correct.Information given on this form may be entered onto a computer and held and processed in accordance with the terms of the General Data Protection Act (2018). It will be treated in a secure and confidential manner.In signing this form, please note that you are agreeing to references being followed up. |
| **Signature:** |  |
| **Print name:** |  |
| **Date:** |  |

**Please complete all the boxes, the Confidentiality Statement and then tick below the shop in you wish to volunteer and then return your form direct to that shop or to David Payne, Volunteer Co-ordinator at Beaumond House, 32 London Road, Newark NG24 1TW**

**email:** **volunteer@beaumondhouse.co.uk**

**Thank you!**

 **Stodman Street, Newark**

Beaumond House Hospice Shop,

11B Stodman St, Newark

NG24 1AN

 **Beaumond Cross, Newark**

Shop and Donation Centre

Robin Hood Walk, Newark

NG24 1XH

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 **Collingham**

Beaumond House Hospice Shop,

Unit 1 – Cedar House, High Street,

Collingham

NG23 7LB

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 **Southwell**

Beaumond House Hospice Shop,

5-7 Westgate, Southwell

NG25 0AA

**Confidentiality Statement 2025**

All the information passing through this organisation is of a highly sensitive and confidential nature. It is therefore essential that any such information you obtain throughout the course of your work experience, is not divulged to any persons outside of the organisation.

We provide a personal and professional service and it is imperative that a high standard is maintained.

You are therefore required either during the period of your work experience at Beaumond House or at any time thereafter, to keep confidential and personal, private or medical information relating to all persons as outlined above. This will include any confidential information belonging to the organisation of which you have gained knowledge throughout the course of your work experience.

Confidentiality obligations exist in relation to all information which affects the work of the Hospice that may be obtained during the period of your work experience.  Confidentiality shall mean all and any information concerning the Hospice patients or personnel which is not in the public domain. This could include, but is not limited to information about patients, carers and staff, or suppliers or donors to the Hospice.

Documents and other information concerning the business of the Hospice, patients, carers or staff that you make or receive during your period of access shall remain the property of the Hospice and be surrendered by you upon termination of your role.

You are expected to strictly adhere to these rules and in signing this statement; you have accepted that you will agree to abide by them.

**DECLARATION**

I declare that to the best of my knowledge the information I have provided is correct.

Information given on this form may be entered onto a computer and held and processed in accordance with the terms of the Data Protection Act (2018). It will be treated in a secure and confidential manner.

In signing this form, please note that you are agreeing to our confidentiality policy.

Signed ................................................... Date..........................